

TO: DIVISION OF INSPECTIONS

DATE

6/19/77

1390

FROM: HEALTH DEPARTMENT

RE: NOTIFICATION OF ISSUANCE OF SEPTIC TANK PERMIT AND/OR WELL PERMIT

OWNER'S NAME: James Dobsa

BUILDING APPLICATION NUMBER: 5B0153

SUBDIVISION: Seneca Farms SEC: 2 BLOCK: LOT: 17

TAX MAP IDENTIFICATION AND ADDRESS: 2-2-002-17

223 Seneca Road

SEWAGE DISPOSAL PERMIT # 77-585

ISSUED FOR: Dwelling

WELL PERMIT ISSUED FOR: Dwelling

SEWAGE DISPOSAL SYSTEM DESIGNED FOR Three BEDROOMS
(ALL PERMITS FOR DWELLINGS ARE DESIGNED TO INCLUDE AUTOMATIC WASHER
& GARBAGE DISPOSAL)

RESTRICTIONS:

THE ABOVE TO BE COMPLETED IN QUADRUPLICATE EACH TIME A PERMIT IS
ISSUED. ONE COPY TO PLUMBING INSPECTION BRANCH. ONE COPY TO ELECTRICAL
INSPECTION BRANCH. RETAIN TWO COPIES WITH PERMIT

NOTIFICATION OF FINAL APPROVAL:

ENTERED MAR 13 1980

SEWAGE DISPOSAL SYSTEM

WATER SUPPLY SYSTEM

APPROVED: 3-13-80

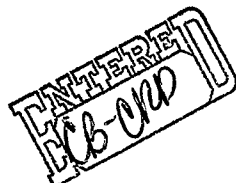
APPROVED: 3-13-80

ENTERED MAR 13 1980

(SIGNATURE)

UPON FINAL APPROVAL ONE COPY TO BE FORWARDED TO PLUMBING INSPECTION
BRANCH. ORIGINAL TO BE ATTACHED TO PERMIT.

W49/3-18-74



FAIRFAX COUNTY HEALTH DEPARTMENT
SEWAGE DISPOSAL SYSTEM/WELL WATER SUPPLY AS-BUILT

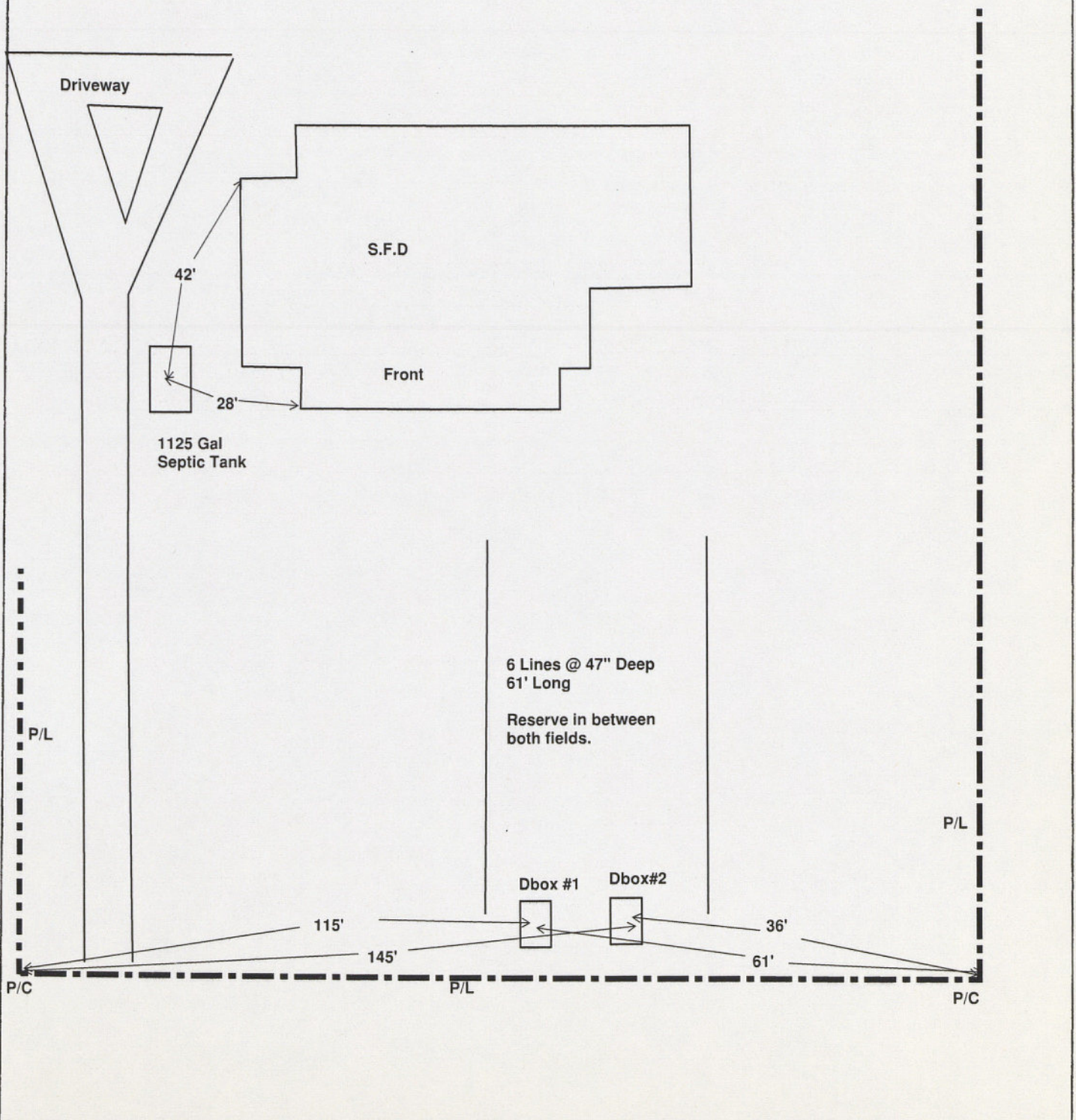
Tax Map ID: 2-2-002-17

Street Address: 223 Seneca Road

Subdivision: Seneca Farms Sec. 3

City, State, Zip: Great Falls VA 22066

Not to Scale NG 01/18/2017



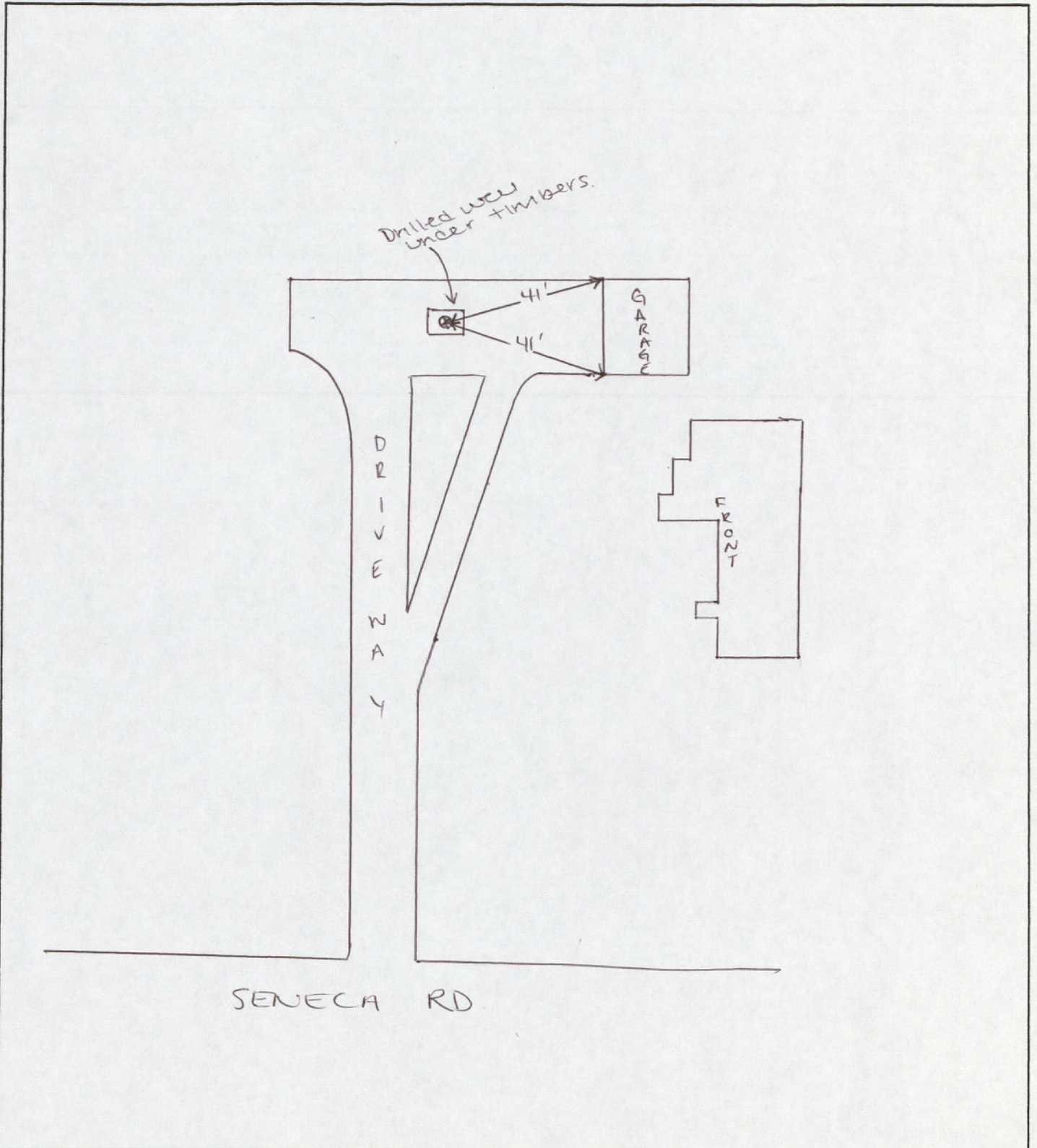
FAIRFAX COUNTY HEALTH DEPARTMENT
SEWAGE DISPOSAL SYSTEM/WELL WATER SUPPLY AS-BUILT

Tax Map ID: 2-2-002-17

Street Address: 223 Seneca Rd

Subdivision: Seneca Farms Sec. 2

City, State, Zip: Great Falls VA
22066



Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 80891091

Health Department

Name of Company/Corporation/Individual:

Five Star Septic Inc.

Address:

Transamerica Plaza Suite

Telephone:

703-716-0707

Owner's Name

Kha'ja

103

Sterling VA

20166

Owner's Address

223 Seneca Rd.

Great Falls VA

22066

Location of Installation: Lot

17

Block

Section:

2

Subdivision:

SENECA FARMS

Other:

IM# 2-2-002-17

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 1-13-17 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

1-18-17

Date

1944001342

Signature and Title



Fairfax County Health Department
Division of Environmental Health
ONSITE SEWAGE AND WATER SECTION
PERMIT TO REPAIR ONSITE SEWAGE DISPOSAL SYSTEM

Health Department # 80891091 Tax Map # 2-2-002-17 Date 1/13/2017

Owner Syed Khaja Phone (703) 939-0084

Property Address 223 Seneca Road, Great Falls, VA 22066

Subdivision Seneca Farms Sec./Block 2 Lot 17

Type of System Conventional - I System Design 3 Bedrooms or 600 gal/day

Owner/Agent _____ Phone () -

Mailing Address _____

For: ☒ Dwelling ☐ Commercial Property ☐ Other, describe: _____

This permit authorizes the following repairs:

- ☐ Replace and/or repair sewer line. ☐ Replace or repair force main.
- ☐ Replace _____ malfunctioning effluent pump(s) with pump(s) rated at a minimum of 40 gpm @ _____ feet of TDH and a maximum of 80 gpm @ _____ feet of TDH. Pumps must be equivalent to originally approved pumps. ☐ Replace and/or repair conveyance line and/or header lines
- ☐ Replace damaged flow diversion valve and/or valve stem.
- ☐ Replace _____ malfunctioning pump chamber float(s) and/or _____ gate valve(s) and/or _____ check valve(s) and/or piping. Reset drawdown between on and off float to _____ inches.
- ☐ Replace septic tank and/or pump chamber in the same location.
- ☐ Replace electrical junction box on the pump chamber.
- ☒ Replace and/or repace 2 damaged distribution box(es).
- ☒ Replace septic tank lid and/or pump chamber lid. ☐ Replace outlet and/or inlet tee(s).
- ☐ Replace or repair pump control box. ☐ Other.

Comments: REPLACE/INSTALL RISER FOR SEPTIC TANK LID.

Note: Repairs must be made in accordance with all applicable State Regulations and County Codes. All repairs must be inspected by the Fairfax County Health Department upon completion. Contact the Fairfax County Health Department at 703-246-2201 to arrange for an inspection date.

Further repairs may be required to the Sewage Disposal System if problems are identified during repairs and/or inspections. This sewage disposal system repair is null and void if conditions are changed from those shown on the repair permit. No part of any repair shall be covered until inspected, corrections made if necessary, and approved, by the Health Department or unless expressly authorized by the Health Department. Any part of any repair which has been covered prior to approval shall be uncovered, upon the direction of the Department.

Date: 1/13/2017 Issued by: Erango Jones
Environmental Health Specialist

Date: 1-18-17 Repairs Approved: _____
Environmental Health Specialist

Date: 1-23-17 Reviewed by: _____
Environmental Health Supervisor

File 1390

Raymond + Carol Dobson

223 *Seneca* Kd

Great Falls VA 22064

Phone #

[illegible]

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date 6/10/77 Case No. 1
 Owner James Dobbs Address Box 257, Herndon 22070 Phone (H) 437 4867 (O) 360 3200
 (Mailing Address)
 Occupant _____ Address _____ Phone _____
 (Mailing Address)
 Exact Location of Premises 223
215 Seneca Road, Great Falls 22066 SENECA FARMS SEC # 2 LOT # 177 2-2-11
 (Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

Installed according to Permit Design ☐ Yes ☐ No. Distance to nearest House Sewer _____ feet. Distance to nearest Sewage Disposal System _____ feet. (Use Form LHS-143 for Detailed inspection of Water Supply Reference Materials.)

SEWAGE DISPOSAL SYSTEM INSPECTION

- (1) LOCATION
 Allotted Area adequate ☒ Yes ☐ No. Distance from nearest lot lines 10+ feet. Trees 10+ feet. Water Supplies 100+ feet. Buildings 20+ feet.
- (2) INSTALLATION AND DESIGN
 Installed according to Permit Design ☒ Yes ☐ No
 Have additional Household Appliances been added NOT on Permit:
☐ Automatic Washer ☐ Garbage Disposal
☐ Other _____ (Describe)
- (3) SOIL CONDITION
 Are there soil conditions now evident which indicate system may be unsatisfactory as designed: ☐ Yes ☒ No. If Yes, show adjustments required under "Remarks" below.
- (4) HOUSE SEWER LINE
 Installed ☒ Yes ☐ No. Type of material ABS SCH 40 Size 4" Inches.
- (5) SEPTIC TANK
 Constructed of LAWSON 1125 (Kind of Material)
 Inside Dimensions Length _____ feet. Width _____ feet.
 Liquid Depth _____ feet. Depth of Air Space _____ inches.
 Inside Fittings comply with requirements ☒ Yes ☐ No.
- (6) DISTRIBUTION BOX
 Watertight and equal surcharge to each line by Water Test ☒ Yes ☐ No. Distribution Box provided with (2) (2) extra outlets for future use. (Number)
- (7) SUBSURFACE ABSORPTION FIELD
 Total Area in bottom of ditches 732 + 366 R square feet.
 Number of ditches 6 Length of ditches 61 feet.
 Grade of ditches Minimum 3 Inches per 100 feet.
 Maximum 5.1 inches per 100 feet. Has system been checked by instruments (Level) ☒ Yes ☐ No
 Type aggregate used BLUE STONE
 Depth of aggregate under Tile 19 inches
 Total depth of aggregate 27 inches
 Depth of backfill over aggregate 20-23 (20-31) inches
- (8) SURFACE DRAINAGE
 Storm Drains from House and Basement flowing away from Subsurface Drainage Field: ☐ Yes ☐ No. Was Surface Drainage required ☐ Yes ☐ No. If Yes, has this been provided ☐ Yes ☐ No. Has area been drained by lowering Ground Water Table: ☐ Yes ☐ No. ☐ Not required.
- (9) Are follow-up inspections necessary ☐ Yes ☐ No.

BULL RUN FDU SET # 1

Septic Tank Contractor: OWNER MR. DOBSA Address _____ Phone _____
 This Sewage Disposal System (Is) (Is Not) Approved by FAIRFAX CO Health Department.
 Date 1/23/80 Signed Ed Jones (Sanitarian) Date 3/13/80 Approved W. H. Bayne (Health Director)
 Date _____ Approved _____ (Advisory Sanitarian) Date _____ Approved _____ (Reviewing Authority - Other Agency)

With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system. Remarks: _____

WATER SUPPLY

County/City Fairfax Date 6/10/77 Case No. _____

☐ Proposed ☐ Public ☒ Non-Public Drinking
☒ Record of Inspection ☐ Quasi - Public

Owner James Dobson Address Box 257, Herndon 22070 Phone (H) 437 4867 (O) 360 3200
(Mailing Address) 430 7731

Occupant _____ Address _____ Phone _____
(Mailing Address)

Exact Location 223
of Premises 223 Seneca Road, Great Falls 22066 SENECA FARMS SEC # 2 LOT # 17 2-2-02-17
(Subdivision, Street or Road Name, Section or Lot No.)

TYPE CUSTOMERS: ☐ Community ☐ Industrial ☐ Recreational ☐ Other: _____

TYPE SOURCE PROPOSED: _____

TOTAL PROPOSED ULTIMATE CONNECTIONS: _____

TOTAL PROPOSED ULTIMATE PERSONS (EMPLOYEES) SERVED: _____

TOTAL PROPOSED PRESENT CONNECTIONS: _____

TOTAL PROPOSED PRESENT POPULATION SERVED: _____

* Notify Division of Engineering (Regional Engineer) of impending development of a Public Water Supply.

AN INDIVIDUAL WATER SUPPLY ☒ New ☐ Existing FROM ☒ Drilled Well ☐ Driven Well ☐ Bored Well
☐ Dug Well ☐ Other _____ FOR ☒ Home ☐ Restaurant ☐ Trailer Court ☐ Motel
☐ Service Station ☐ Other _____

If a new supply, inspect for compliance with standards. If an existing supply, furnish as much information as may be available.

SOURCE OF INFORMATION well log & inspection IS PUBLIC WATER SUPPLY AVAILABLE ☐ Yes ☐ No

SEWAGE DISPOSAL BY ☐ PUBLIC SEWER ☐ COMMUNITY SYSTEM ☒ INDIVIDUAL SYSTEM ON SITE.

INSPECTION FINDINGS

(1) WATERSHED Surface Drainage away from source in all directions
☒ Yes ☐ No. Distance Source from possible causes of contamination
Sewer Line 50 feet. Type of material used in Sewer
Line _____ Septic Tank 10 feet.
(Describe)

Seepage Pit _____ feet. Subsurface Absorption Field (nearest
point) 100 feet. Other _____ feet.

Note any serious obstacles in watershed on back of form.

(2) TYPE OF SOIL FORMATION ☐ Tight Clay ☐ Limestone
☐ Sandstone ☐ Other 43 dirt & shale, 13-480 100 ft
(Describe)

(3) CLASSIFICATION OF WELL ☐ Type - 1 ☐ Type - 2A
☐ Type - 2B ☐ Type - 3 ☐ Other

(4) CONSTRUCTION DETAILS Total depth 480 feet.
Diameter 6 inches. Type of casing steel
(Describe)
Depth of casing 85 feet. Exterior space around casing
sealed with ☒ Concrete grout to depth of 50 feet.
☐ Poured in place ☒ Pumped in under pressure ☐ Other type
backfill _____ to depth of _____ feet.
(Describe)
casing extends 1 1/2 inches above ground.

(5) WATER SOURCE COVER ☐ Concrete ☒ Metal ☐ Other
Opening in Cover watertight
(Kind of Material)

☐ Yes ☐ No. If no, explain PILESS ADAPTER

(6) PUMP ☐ Shallow Well ☒ Deep Well. Length of Drop Pipe
_____ feet. Well capacity 2 1/2 gallons per minute.
Size of Feeder Pipe 10 inches.

(7) PUMP LOCATION ☒ In Well ☐ Over Well ☐ Offset.
If offset, does watertight casing extend to Pump ☐ Yes ☐ No
Pump room located _____ feet from Well.

Pump room drained by gravity through 4 - inch or larger pipe to
surface to ground ☐ Yes ☐ No. Pump platform of concrete
or other impervious material, at least 4 inches thick at casing,
extending at least 24 inches in all directions, sloped to drain;
☐ Yes ☐ No. Pump mounting watertight ☐ Yes ☐ No.
Sanitary Well Seal in casing and properly vented ☐ Yes ☐ No.

(8) TYPE OF STORAGE ☒ Pressure ☐ Gravity. Capacity 252
gallons. If gravity, is overflow pipe screened ☐ Yes ☐ No.

THIS WATER SUPPLY SYSTEM ☒ Is ☐ Recommended by FAIRFAX CO ☐ Div. Engineering
☐ Is not ☒ Approved ☒ Health Department

REMARKS: _____

Date 3-12-80 Signed BO Jones Date 3-13-80 Approved W.D. Buge
(Health Director)

Date _____ Approved _____ Date _____ Approved _____

(Reviewing Authority—Other Agency or Engineer)

PERMIT TO INSTALL ☒ REPAIR, ☐ REASONS FOR REJECTION ☐ WATER SUPPLY ☒ SEWAGE DISPOSAL SYSTEM ☒ PD 6/4/75

- (1) Void after (12) twelve months. (2) Automatically cancelled when site conditions are changed from those shown on permit.
 (3) Automatically cancelled should facts later become known that a potential hazard would be created by continuing installation.

FHA/VA ☐ Yes ☐ No Date 6/10/77 Case No. _____

Owner James Dobsa Address Box 257, Herndon 22070 Phone (H) 437 4867 (O) 360 3200

Occupant _____ Address _____ Phone _____
 (Mailing Address) (Mailing Address)

Exact Location: 223
 of premises Seneca Road, Great Falls 22066 SENECA FARMS SEC #2 LOT # 17 2-2
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR: ☒ Dwelling ☐ Other _____ Automatic Washing Machine ☒ Yes ☐ No Consumption _____ gal. per day
 Actual ☒ Potential ☒ Bedrooms 3 Garbage Disposal Unit ☒ Yes ☐ No (☐ Actual ☐ estimated Water)
 Additional wastes _____

(1) WATER SUPPLY (Existing) Class _____ Approved ☐ Yes ☐ No Other GROUT WELL 50'
 (To be installed) Class _____ Cased _____ ft. to be grouted _____ ft.

(Unless supported by positive evidence Class III is to be considered as to be installed.)

(2) SOIL STUDY Naturally drained, suitable by sight ☒ Yes ☐ No Technical Classification _____ (If Known)
 Estimated Percolation Rate 1-10 ☒ 11-25 ☐ 26-50 ☐ > 51 ☐ Percolation Test Required ☒ Yes ☐ No Rate 10 @ 47"
 (Minutes per inch) (Minutes per inch to nearest 10 minutes)
 Depth to Grey Mottles _____ inches (estimate over 4 ft.) OTHER _____
 Surface drainage required ☐ Yes ☐ No OTHER DRAINAGE _____

(3) HOUSE SEWER LINE Size _____ inches. Type of material required _____. Distance from Water Supply _____ feet.

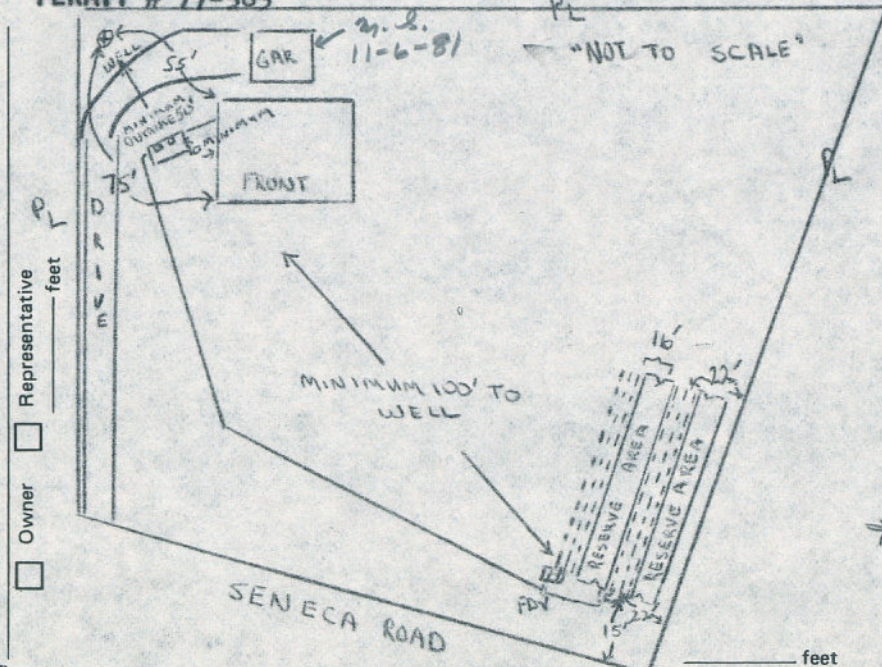
(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of PRECAST CONCRETE Material Liquid Capacity 1125 gallons.
 Inside Dimensions Length _____ feet. Width _____ feet. Liquid Depth _____ feet. Depth of Air Space _____ feet.

SUBSURFACE ABSORPTION FIELD Number of square feet required 732 Type aggregate required CRUSALD STONE

(5) Depth of aggregate from base of tile to bottom of ditches 19 inches. Allowable fall 2 to 4 inches. 1/100'
 Total aggregate minimum depth 27 inches or more. Depth of drainfield to be 47 inches from surface of original ground.
 Distance from well to septic tank 50 feet; distance from well to drainfield 100 feet.

Rough Sketch of Premises (including adjacent properties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.

PERMIT # 77-585



1. MINOR GRADING REQUIRED TO LEVEL SYSTEM BEFORE INSTALLATION
2. INSTALL 6 LINES, 60' LONG, 47" DEEP, 2' WIDE ON 6' CENTERS
3. INSTALL A FLOW DIVERISON VALVE
4. KEEP SYSTEM A MINIMUM 10' FROM ALL TREES
5. MAXIMUM COVER OVER DRAIN FIELD NOT TO EXCEED 20'
6. INSTALL SYSTEM ACCORDING TO FAIRFAX COUNTY SANITARY INSPECTION ORDINANCE
- *7. GROUT WELL 50'

Signature _____ Representative ☐ Owner ☐
 Note: Owner or his agent must notify Fairfax County Health Department, Phone 691 2201 when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued.

Date 6/20/77 Approved [Signature] Date 6-27-77 Signed [Signature]
 LMS - 121 REV. 12/71 (Reviewing Authority) (Sanitarian or Health Director)

DUPLICATE

PERMIT # 77-585

LOCATION Seneca Farms 2-2-002-17
Subdivision or Tax Map Ref.

PART I

WATER SUPPLY INSPECTION REPORT (To Supplement LHS 143)

Well Installed By W. Trout Pump Installed By OWNER

- I. GROUT INSPECTED 7-15-77 2 14 41
Date Sanitarian
II. PIPE & ELECTRIC WIRE FROM WELL TO STORAGE TANK APPROVED . 12-15-78 coj
Date Sanitarian
III. TYPE OF INSTALLATION: ☒ PITLESS ADAPTER ☐ PIT ☐ SURFACE 12-15-78 coj
(4" Drain) (Drain) App. Date Sanitarian
IV. STORAGE TANK. 1-23-80 coj
Date Sanitarian
Gate Valve ☒ Sample Tap and Elec. Dis. Switch ☒
Check Valve ☒ Backflow Preventer Press. Relief Valve ☒

V. INITIAL WATER SAMPLE COLLECTED. 1-23-80 coj
Date Sanitarian

DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	DISPOSITION	SANITARIAN
12-15-78	NEED BOTH LOGS - OWNER KNOWS	HOLD IV + V	coj
1-23-80	Need LOGS - letter # sent	HOLD	coj
2-15-80	NOT CHLORINATED YET, MRS. DOBBA TO HAVE HUSBAND CHLORINATE THIS WEEKEND.	Re 3-3-80	y
2-25-80	Look #1 MPN WS HOLD #2	HOLD	coj

PART II
3-3-80 Collected 2nd MPN
SEWAGE DISPOSAL SYSTEM INSPECTION REPORT (To Supplement LHS 141)

DATE	RECORDS OF REMARKS AND VISITS	DISPOSITION	SANITARIAN
10-30-78	Line #1 - 6 OK - HOLD All else	HOLD	y
11-7-78	DBS, FGV, TIE LINES, TANKS + TEGS OK TO BE	HOLD	AYS
12-15-78	Needs FGina AT SDS + INLET SIDE of		
	tank covered.	HOLD FG + WS	y
		✓ 1-23-80	y
1-23-80	FG OK	Appd	y
3-7-80	Will log needed. TROUT TOLD Re 4-1-80	HOLD	coj
3-12-80	LOGS W	APPD	coj

FAIRFAX COUNTY HEALTH DEPARTMENT - DIVISION OF ENVIRONMENTAL HEALTH

APPLICATION

☐ FOR PERMIT TO: ☒ Install or Repair Sewage Disposal System
☐ Install or Repair Water Supply System

☐ APPROVAL OF BUILDING APPLICATION FOR (Specify): _____

MAP REFERENCE

PLAT	SUBD	BLK	LOT
2.2	002		17

STREET ADDRESS: ²²³~~215~~ Seneca Road y. f. 22066

PROPERTY IDENTIFICATION: Seneca Farms ²
 SUBDIVISION SEC.

OWNER'S NAME James Dobson Phone (H) 437-4867 (O) 360-3200

OWNER'S ADDRESS Box 257 Herndon Virginia 22070
 Street City & State Zip Code

CONTRACTORS NAME James Dobson PHONE 437-4867

CONTRACTOR'S ADDRESS _____
 Street City & State Zip Code

RELEASE PERMIT TO: OWNER _____ BUILDER _____

NEW DWELLING: No of Bedrooms 3 Den No Bath in Basement No
 yes/no yes/no

Method of Sewage Disposal: Public Sewer _____ Septic Tank ☒ Other _____
 (describe)

Water Supply: Public _____ Private Well ☒ Other _____
 (describe)

ADDITIONS TO EXISTING DWELLINGS: No. of bedrooms presently in house: _____

Describe other room addition: _____

Method of Sewage Disposal: Public Sewer _____ Septic Tank _____ Other _____
 (describe)

Water Supply: Public _____ Private Well _____ Other _____
 (describe)

COMMERCIAL USE: No. of Employees _____ Estimated daily water use _____ gal/day.

APPLICANT SIGNATURE: James Dobson DATE: 6-3-77

TO BE FILLED IN BY HEALTH DEPARTMENT

Peric Rate 10 Dept' 47 Building Permit Appl No 6130153
 Septic Tank _____ Gallons Absorption Field 366 Linear Feet 6/4/75
 Replacement area required, 183 Linear Feet
 (yes/no)

REMARKS: Check for any SDS across rd at Aerogel Parcel
Grout well 50 ft -

Because of tilt of
underlying rock
formation

REVIEWED BY: JTB DATE: 6-16-77
 RREVIEWED BY: _____ DATE: _____

77 585

FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

WATER WELL COMPLETION REPORT

OWNER NAME: James Dobbs PHONE: (703) 430-7731
STREET: 223. Seneca Rd
CITY: Great Falls STATE: Virginia ZIP: 22066
WATER SUPPLY CONTRACTOR: _____ PHONE: _____
ADDRESS: _____
WELL PROPERTY LOCATION: Address 223 City Seneca Rd State Great Falls Zip 22066
Street City Zip
Tax Map No. 2-2 SUBDIVISION Seneca Farms

1. WELL DATA: Type Rig _____
Total depth (feet) _____
Depth to bedrock _____ Type bedrock _____
Date started _____ completed _____
Type well: drilled _____, bored _____, Other _____
Class well: I _____, IIA _____, IIB _____, Other _____
Well: new _____, reworked _____, deepened _____
Well use: Home _____, Agriculture _____
Public _____, Industry _____
Commerical _____, Exploration _____
Recharge _____, Heat Pump _____
Other _____

6. WATER DATA: Temperature _____ °F
Static water level (unpumped level-measured) _____
Stabilized pumping water level (measured) _____
Downdraw (pumping level minus static level) _____
Yield (stabilized) _____ gpm
Water zones: From _____ ft. To _____ ft.
From _____ ft. To _____ ft.
From _____ ft. To _____ ft.
From _____ ft. To _____ ft.
Water analysis? _____ Where _____
Physical appearance of water. _____

X 2. PUMP: Gould 5ES
Type Submersible Date Installed 12/3/78
Location 410 down
Rated capacity 6.2 at 375 head
Rated horsepower 1 Intake depth 400 ft.

Does well have natural flow (yes), (no) _____ gym
7. HOLE SIZE Inches from _____ to _____ ft.
Inches from _____ to _____ ft.
Inches from _____ to _____ ft.
8. REAMING Inches from _____ to _____ ft.
Inches from _____ to _____ ft.
Inches from _____ to _____ ft.
9. CASING Inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____
Inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____
Inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____

X 3. WELLHEAD:
Type well seal pit less adaptor
Pressure tank gal., Loc. 87 gal basement
Sample tap _____, XTROL 252
Well vent _____, Pressure relief valve _____
Gate valve _____, Check valve (when required) _____
Elec. disconnect switch on power supply _____

X 4. TEMPORARY DISINFECTION:
Well disinfected ✓ (yes), (no), Date Feb 16, 1980
Disinfectant used Clorox
Amount 2 gal Contact Time 236
(Hours)

5. ABANDONMENT:
Well abandoned _____ (yes), (no), Date _____
Casing: None _____, Pulled _____ (yes) _____ (no)
Plugging material _____
Plugged intervals _____

10. GRAVEL PACK From _____ to _____ ft.
From _____ to _____ ft.
From _____ to _____ ft.
11. SCREENS _____
Inches from _____ to _____ ft.
Inches from _____ to _____ ft.
Inches from _____ to _____ ft.
Type _____ Size Openings _____
12. GROUT _____ to _____ to _____
Type _____ No. bags cement _____

(Over)

GEOLOGIC DATA:

13. DRILL CUTTINGS: State law requires sending well cuttings to State Water Control Board unless exempted. Sample bags provided free upon request. Contact nearest regional office.
Cuttings taken (yes) (no), Exemption (yes), (no), From _____
Cuttings sent to State Water Control Board (yes) (no), Where _____
14. PUMPING TEST: When a pumping test is conducted, State law requires sending pumping test log to State Water Control Board. See State Water Control Board RULES of the BOARD or GUIDE for WATER WELL CONTRACTORS and GROUNDWATER USERS for required methods.
Pumping test made (yes), (no). If "yes", attach pump test log.
15. GEOPHYSICAL LOGS: Geophysical logs made (yes), (no), Type _____
Please attach copy.

16. DRILLERS LOG

DEPTH (Feet)		TYPE OF ROCK OR SOIL	REMARKS
From	To	(Color, material, fossils, hardness, etc.)	(Water, caving, cavities broken, core, shot, (etc.)

17. Estimated
Drilling
Time
(Min.)

18. WATER SERVICE PIPE:

Checked under 60 p.s.i for 46 minutes. 19.
Pipe size 1 inches; Material black plastic
160 psi

19. I certify that the information contained
 bask herein is true and correct and that this
 well and/or system has been installed
 and constructed in accordance with the
 requirements for well construction as
 specified in compliance with appropriate
 county or independent city ordinances
 and the laws and rules of the Commonwealth
 of Virginia.

Submit one copy of each Water Well Report to:

1. Fairfax County Health Department
Division of Environmental Health
4080 Chain Bridge Road
Fairfax, Virginia 22030
Telephone 691-2201
2. State Water Control Board
Northern Virginia Regional Office
5515 Cherokee Avenue, Suite 404
Alexandria, Virginia 22312
Telephone 750-9111

X Signature James Dobson, Date _____
(Well driller or authorized person)

License No. _____

FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

MAR 12 1980

WATER WELL COMPLETION REPORT

OWNER
NAME: JAMES DOB SA PHONE: _____

STREET: _____

CITY: _____ STATE _____ ZIP _____

WATER SUPPLY CONTRACTOR: William H. Trout PHONE 450-4450

ADDRESS: RT. 2 BOX 315A-2 STERLING VA. 22170

WELL PROPERTY LOCATION: Address 173 SENECA ROAD City STERLING State VA Zip 22170

Tax Map No. lot #17 SUBDIVISION Seneca Farms

1. WELL DATA: Type Rig DH4H
Total depth (feet) 480
Depth to bedrock 43 Type bedrock bluestone
Date started 7-77 completed 7-77
Type well: drilled X, bored _____, Other _____
Class well: I _____, IIA _____, IIB _____, Other _____
Well: new X, reworked _____, deepened _____
Well use: Home X, Agriculture _____
Public _____, Industry _____
Commerical _____, Exploration _____
Recharge _____, Heat Pump _____
Other _____

2. PUMP:
Type _____ Date Installed _____
Location _____
Rated capacity _____ at _____ head
Rated horsepower _____ Intake depth _____ ft.

3. WELLHEAD:
Type well seal _____
Pressure tank gal., Loc. _____
Sample tap _____
Well vent _____, Pressure relief valve _____
Gate valve _____, Check valve (when required _____
Elec. disconnect switch on power supply _____

4. TEMPORARY DISINFECTION:
Well disinfected (yes), (no), Date _____
Disinfectant used _____
Amount _____ Contact Time _____
(Hours)

5. ABANDONMENT:
Well abandoned (yes), (no), Date _____
Casing: None _____, Pulled (yes) (no) _____
Plugging material _____
Plugged intervals _____

6. WATER DATA: Temperature _____ °F
Static water level (unpumped level-measured) 34
Stabilized pumping water level (measured) _____
Downdraw (pumping level minus static level) _____
Yield (stabilized) 2 1/2 gpm
Water zones: From _____ ft. To _____ ft.
From 300 ft. To 375 ft.
From _____ ft. To _____ ft.
From _____ ft. To _____ ft.
Water analysis? _____ Where _____
Physical appearance of water. clear

Does well have natural flow (yes), (no) gym
7. HOLE SIZE 10 Inches from 0 to 50 ft.
6 Inches from 85 to 480 ft.
Inches from _____ to _____ ft.
8. REAMING _____ Inches from _____ to _____ ft.
Inches from _____ to _____ ft.
Inches from _____ to _____ ft.
9. CASING _____ Inches from _____ to _____ ft.
Material steel
Wt. per foot 13 or wall thickness _____
6 Inches from 0 to 85 ft.
Material _____
Wt. per foot _____ or wall thickness _____
Inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____

10. GRAVEL PACK From _____ to _____ ft.
From _____ to _____ ft.
From _____ to _____ ft.

11. SCREENS _____ Inches from _____ to _____ ft.
Inches from _____ to _____ ft.
Inches from _____ to _____ ft.
Type _____ Size Openings _____

12. GROUT 0 to 50, to _____
Type _____ No. bags cement _____

(Over)

Cement
26 bags

OK. coj

License No.

FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

WATER WELL COMPLETION REPORT

OWNER NAME: Jamas Dobsa PHONE: (703) 430-7731
STREET: 223 Sanaca Rd.
CITY: Great Falls STATE: Virginia ZIP: 22066
WATER SUPPLY CONTRACTOR: _____ PHONE: _____
ADDRESS: _____
WELL PROPERTY LOCATION: Address 223 Sanaca Rd City Great Falls State Virginia Zip 22066
Street City Zip
Tax Map No. 2-2 SUBDIVISION Sanaca Farms

1. WELL DATA: Type Rig _____
Total depth (feet) _____
Depth to bedrock _____ Type bedrock _____
Date started _____ completed _____
Type well: drilled _____, bored _____, Other _____
Class well: I _____, IIA _____, IIB _____, Other _____
Well: new _____, reworked _____, deepened _____
Well use: Home _____, Agriculture _____
Public _____, Industry _____
Commerical _____, Exploration _____
Recharge _____, Heat Pump _____
Other _____

2. PUMP: Gould 5ES
Type Submersible Date Installed 12/3/78
Location 410' down
Rated capacity 6.2 at 375 head
Rated horsepower 1 Intake depth 400 ft.

3. WELLHEAD:
Type well seal pit-less adapter
Pressure tank gal., Loc. 87921 basement
Sample tap ✓, XTROL 252
Well vent ✓, Pressure relief valve ✓
Gate valve ✓, Check valve (when required) ✓
Elec. disconnect switch on power supply ✓

4. TEMPORARY DISINFECTION:
Well disinfected ✓ (yes), _____ (no), Date Feb 16, 1980
Disinfectant used Clorox
Amount 2 gal Contact Time 36
(Hours)

5. ABANDONMENT:
Well abandoned _____ (yes), _____ (no), Date _____
Casing: None _____, Pulled _____ (yes) _____ (no)
Plugging material _____
Plugged intervals _____

6. WATER DATA: Temperature _____ °F
Static water level (unpumped level-measured) _____
Stabilized pumping water level (measured) _____
Downdraw (pumping level minus static level) _____
Yield (stabilized) _____ gpm
Water zones: From _____ ft. To _____ ft.
From _____ ft. To _____ ft.
From _____ ft. To _____ ft.
From _____ ft. To _____ ft.
Water analysis? _____ Where _____
Physical appearance of water. _____

Does well have natural flow (yes), _____ (no) _____ gym
7. HOLE SIZE Inches from _____ to _____ ft.
Inches from _____ to _____ ft.
Inches from _____ to _____ ft.
8. REAMING Inches from _____ to _____ ft.
Inches from _____ to _____ ft.
Inches from _____ to _____ ft.
9. CASING Inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____
Inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____
Inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____

10. GRAVEL PACK From _____ to _____ ft.
From _____ to _____ ft.
From _____ to _____ ft.
11. SCREENS _____ Inches from _____ to _____ ft.
_____ Inches from _____ to _____ ft.
_____ Inches from _____ to _____ ft.
Type _____ Size Openings _____
12. GROUT _____ to _____ to _____
Type _____ No. bags cement _____

(Over)

GEOLOGIC DATA:

13. DRILL CUTTINGS: State law requires sending well cuttings to State Water Control Board unless exempted. Sample bags provided free upon request. Contact nearest regional office.
Cuttings taken (yes) (no), Exemption (yes), (no), From _____
Cuttings sent to State Water Control Board (yes) (no), Where _____
14. PUMPING TEST: When a pumping test is conducted, State law requires sending pumping test log to State Water Control Board. See State Water Control Board RULES of the BOARD or GUIDE for WATER WELL CONTRACTORS and GROUNDWATER USERS for required methods.
Pumping test made (yes), (no). If "yes", attach pump test log.
15. GEOPHYSICAL LOGS: Geophysical logs made (yes), (no), Type _____
Please attach copy.

16. DRILLERS LOG

DEPTH (Feet)		TYPE OF ROCK OR SOIL	REMARKS
From	To	(Color, material, fossils, hardness, etc.)	(Water, caving, cavities broken, core, shot, (etc.)

17. Estimated
Drilling
Time
(Min.)

18. WATER SERVICE PIPE:

Checked under 60 p.s.i for 40 minutes. 19.
Pipe size 1" inches; Material black plastic
crustline 160 psi

I certify that the information contained herein is true and correct and that this well and/or system has been installed and constructed in accordance with the requirements for well construction as specified in compliance with appropriate county or independent city ordinances and the laws and rules of the Commonwealth of Virginia.

Submit one copy of each Water Well Report to:

1. Fairfax County Health Department
Division of Environmental Health
4080 Chain Bridge Road
Fairfax, Virginia 22030
Telephone 691-2201
2. State Water Control Board
Northern Virginia Regional Office
5515 Cherokee Avenue, Suite 404
Alexandria, Virginia 22312
Telephone 750-9111

Signature James H. Hobbs, Date _____
(Well driller or authorized person)

License No. _____

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department
Identification Number _____
Map Reference _____

Health Department

Date Received _____

To Be Completed By The Applicant

Type sewage system: ☐ New ☐ Repair ☐ Expanded ☐ Conditional

FHA/VA yes ☐ no ☒

Owner James Dobson Address 223 SENECA RD Phone 430-7131

Great Falls Va

Agent _____ Address _____ Phone _____

Directions to Property 223 SENECA RD, GREAT FALLS

Subdivision SENECA FARMS Section 2 Block _____ Lot 17

Other Property Identification _____

Dimensions/size of Lot/Property 2 Ac.

Other Application Information

I. Building/facility ☐ New ☐ Existing
Intermittent Use ☐ Yes ☐ No If yes, describe: _____

II. Residential Use ☐ Yes ☐ No
Termite Treatment ☐ Yes ☐ No
Basement ☐ Yes ☐ No
Fixtures in Basement ☐ Yes ☐ No
Single Family ☐ Multifamily Number of Units _____ Number of Bedrooms 3 TOTAL
add 1 bedroom
delete 1 bedroom.

III. Commercial Use ☐ Yes ☐ No Describe: _____

Commercial/Wastewater ☐ Yes ☐ No Number of Patrons _____ Number of Employees _____
If yes, give volumes and describe _____

IV. Water Supply: ☐ Public ☐ New Describe: _____
☒ Private ☐ Existing

V. Proposed Installation: ☒ Septic tank and drainfield ☐ Other
If other, describe 2 story addition with bedroom, family room, bathroom, laundry room.

SITE PLAN Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed building or drainfield. Distances may be paced or estimated.

The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

James Dobson
Signature of owner/agent

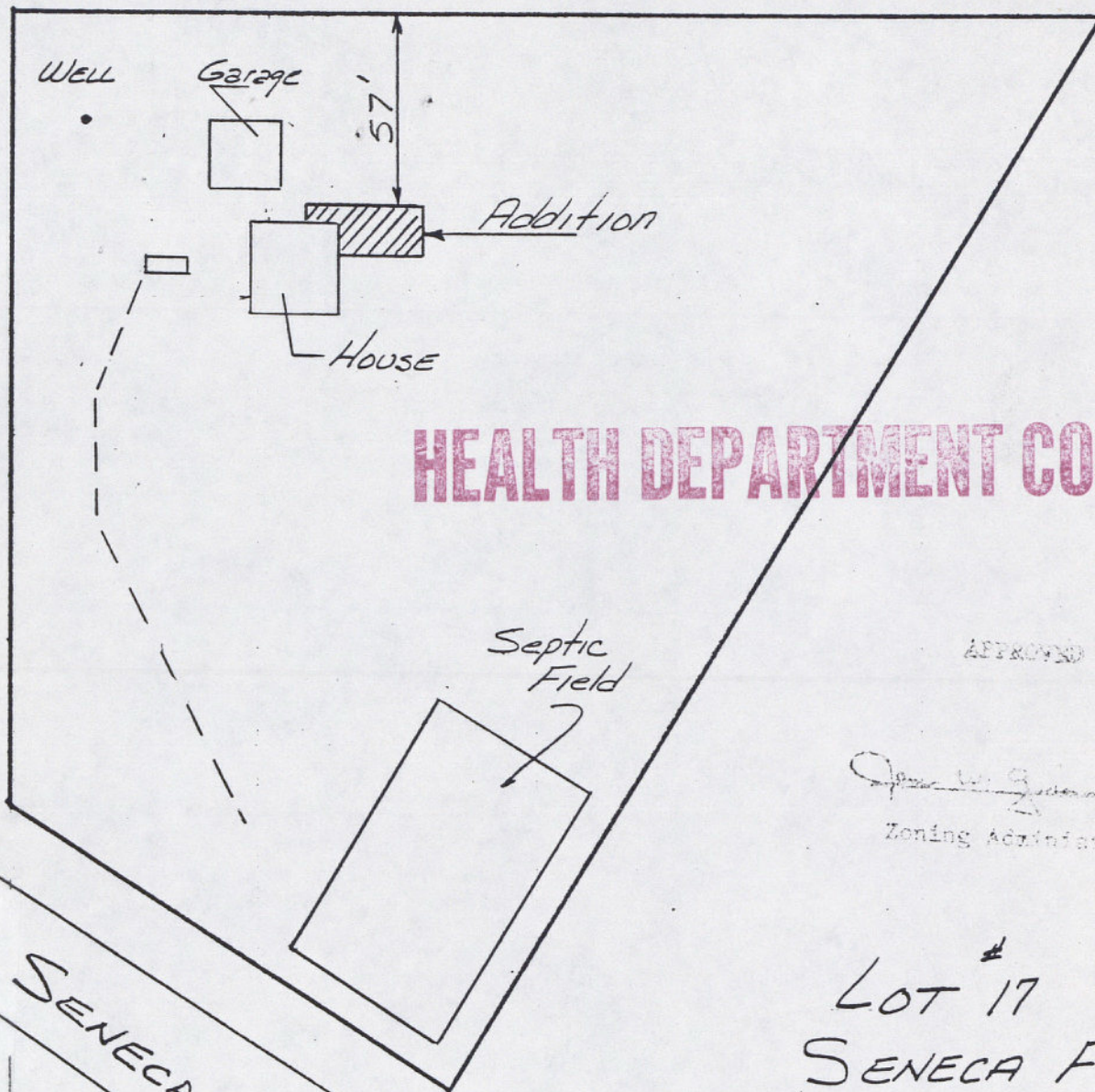
Oct 27, 1989
Date

Project
Type of Work

Dobsa Addition

Estimator
Date

Item No.
Sheet No.



HEALTH DEPARTMENT COPY

APPROVED

[Signature]
Zoning Administrator

LOT #17
SENECA FARMS
223 SENECA RD.

APPROVED

DIVISION OF
INSPECTION SERVICES

BY

lsa

Date

10-27-89

APPROVED
FAIRFAX COUNTY HEALTH DEPARTMENT

10/27/89
Date

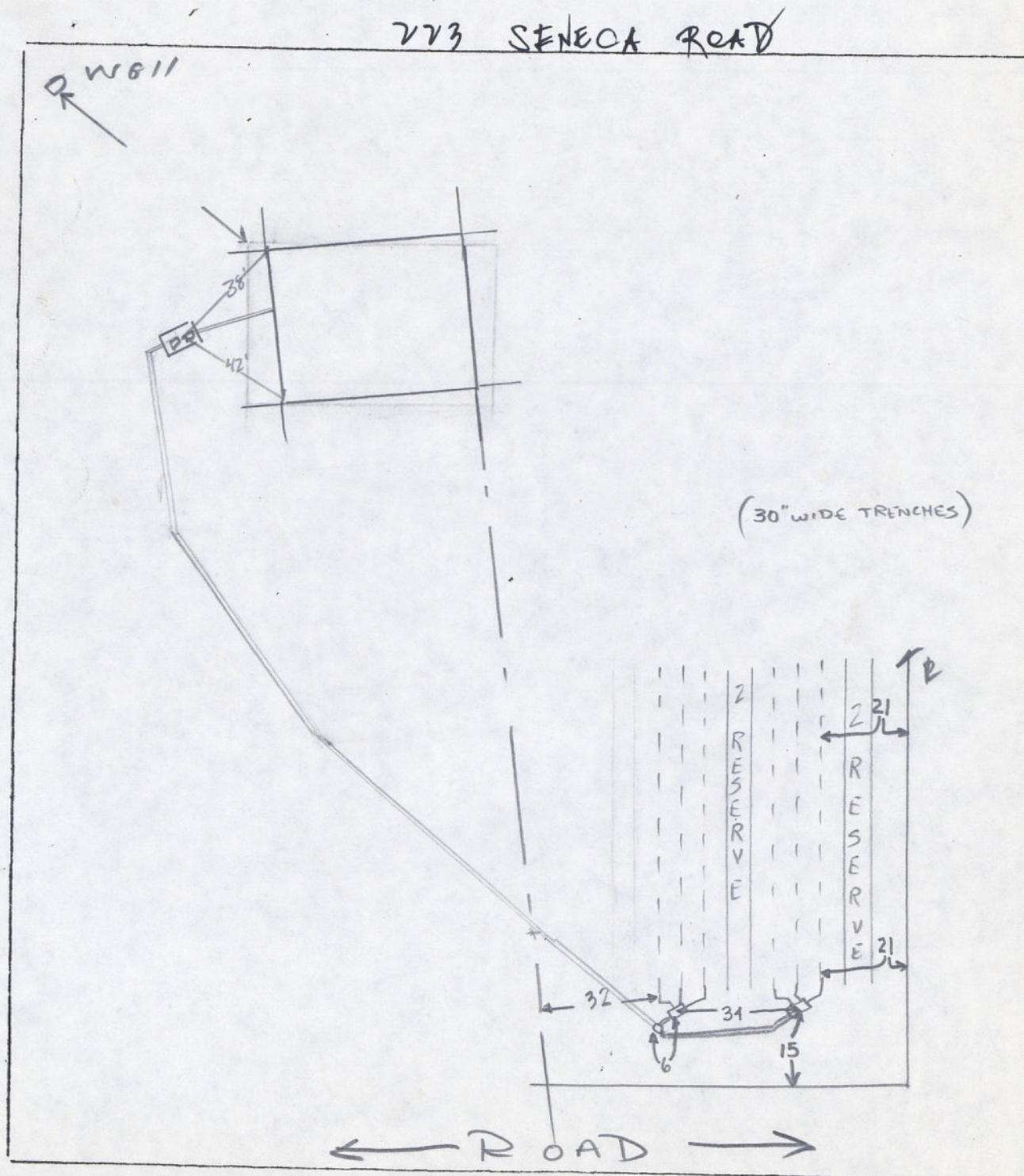
[Signature]
Health Official

PERMIT # 77-585

LOCATION: Seneca Farms 2-2-002-17

Subdivision or Tax Map Ref.

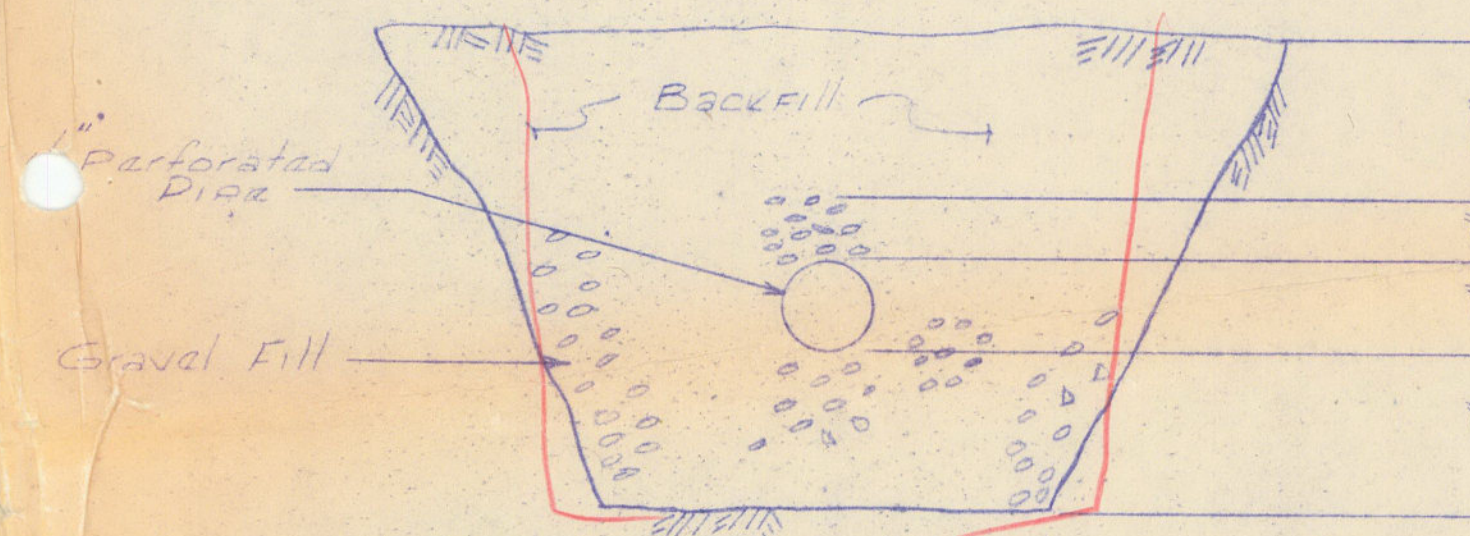
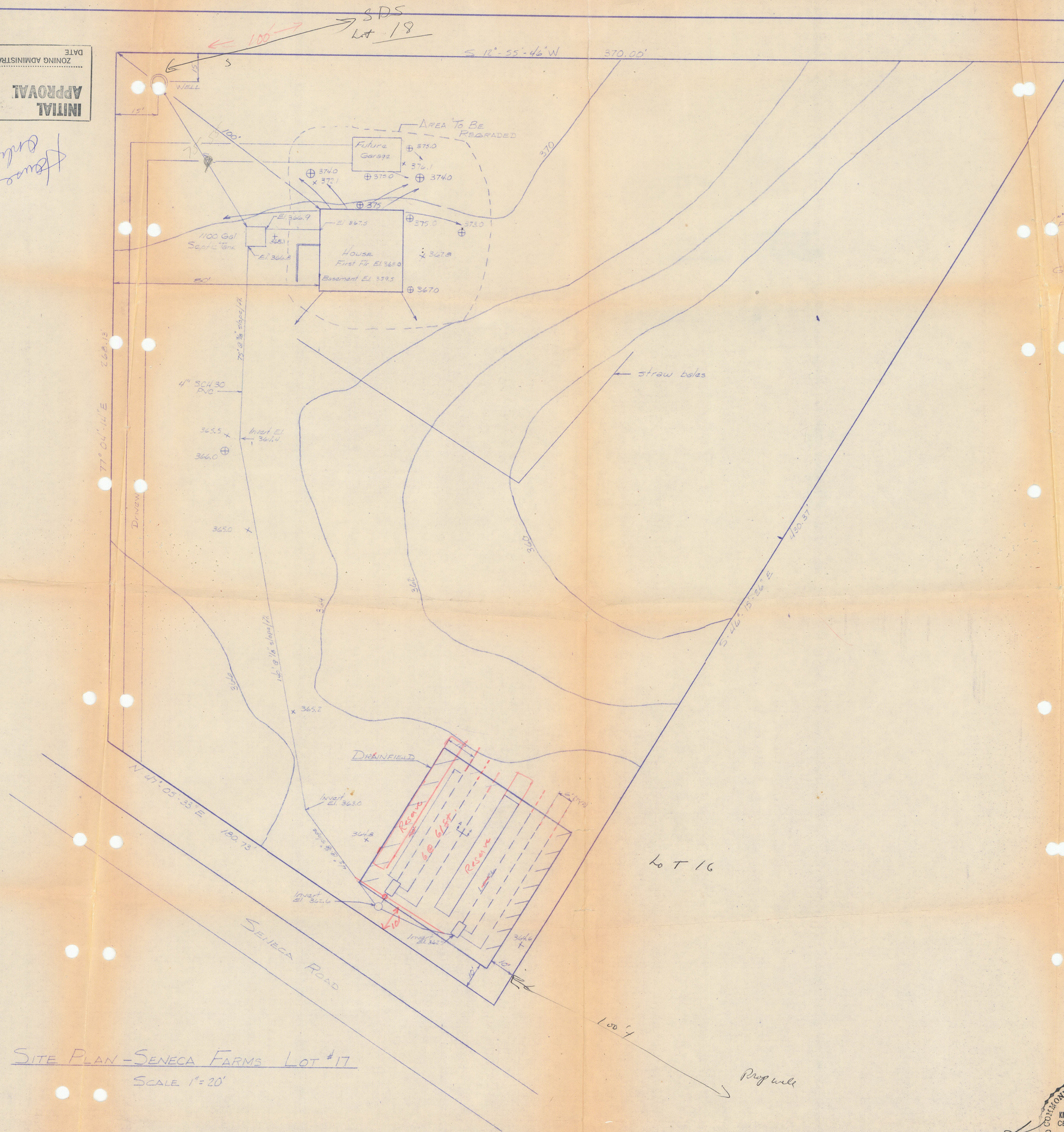
WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEMS AS INSTALLED



Sketch to show location of septic tank flow diversion valve distribution boxes and well.

DATE _____
ZONING ADMINISTRATOR _____
INITIAL APPROVAL

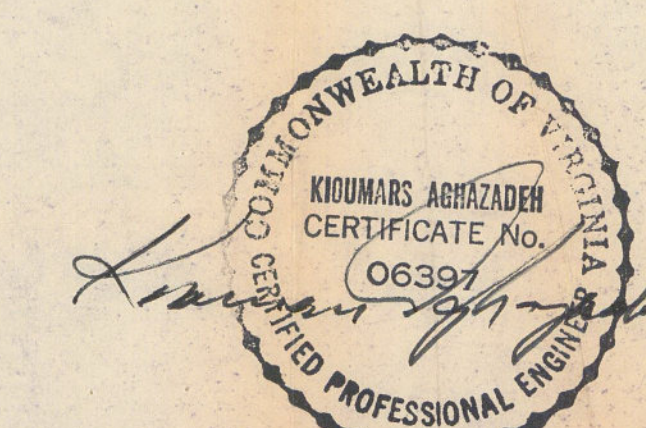
Handwritten signature/initials



- NOTES**
1. SEPTIC TANK TO BE 100 GAL CAPACITY
 2. 4" PERFORATED DRAIN LINES TO BE 18"
 3. + EXISTING ELEVATIONS
 4. ⊕ PROPOSED ELEVATIONS

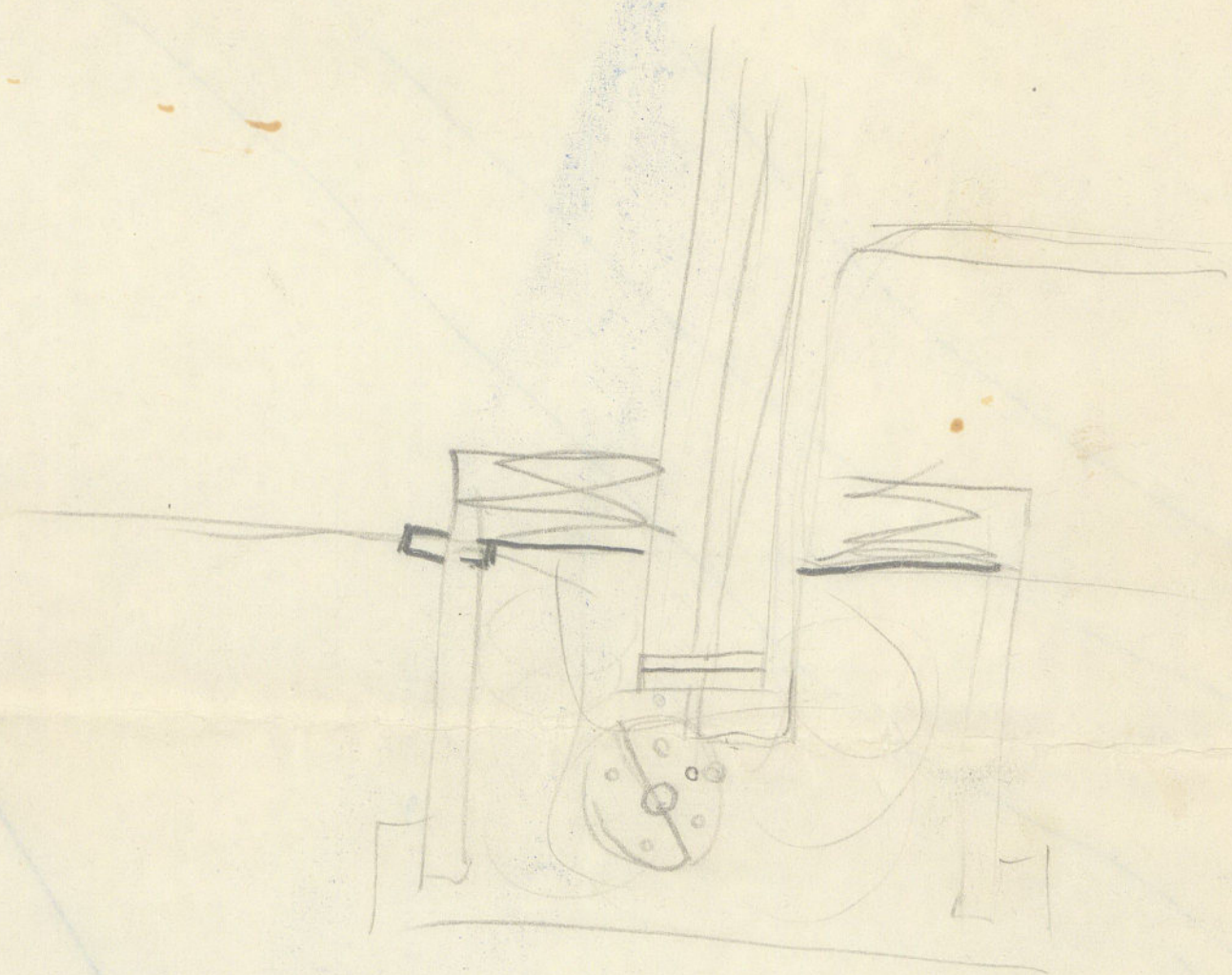
FAIRFAX COUNTY HEALTH DEPARTMENT
Division of Environmental Health
Approval of plat plan only.
This is not a permit to install
a water supply or a sewage disposal
system.
All underground utility lines and utility easements
must be located a minimum of 4 feet from all
surface disposal systems.
If water service lines must be located a minimum
of 10 feet from all subsurface disposal systems.

SITE PLAN - SENECA FARMS LOT #17
SCALE 1"=20'

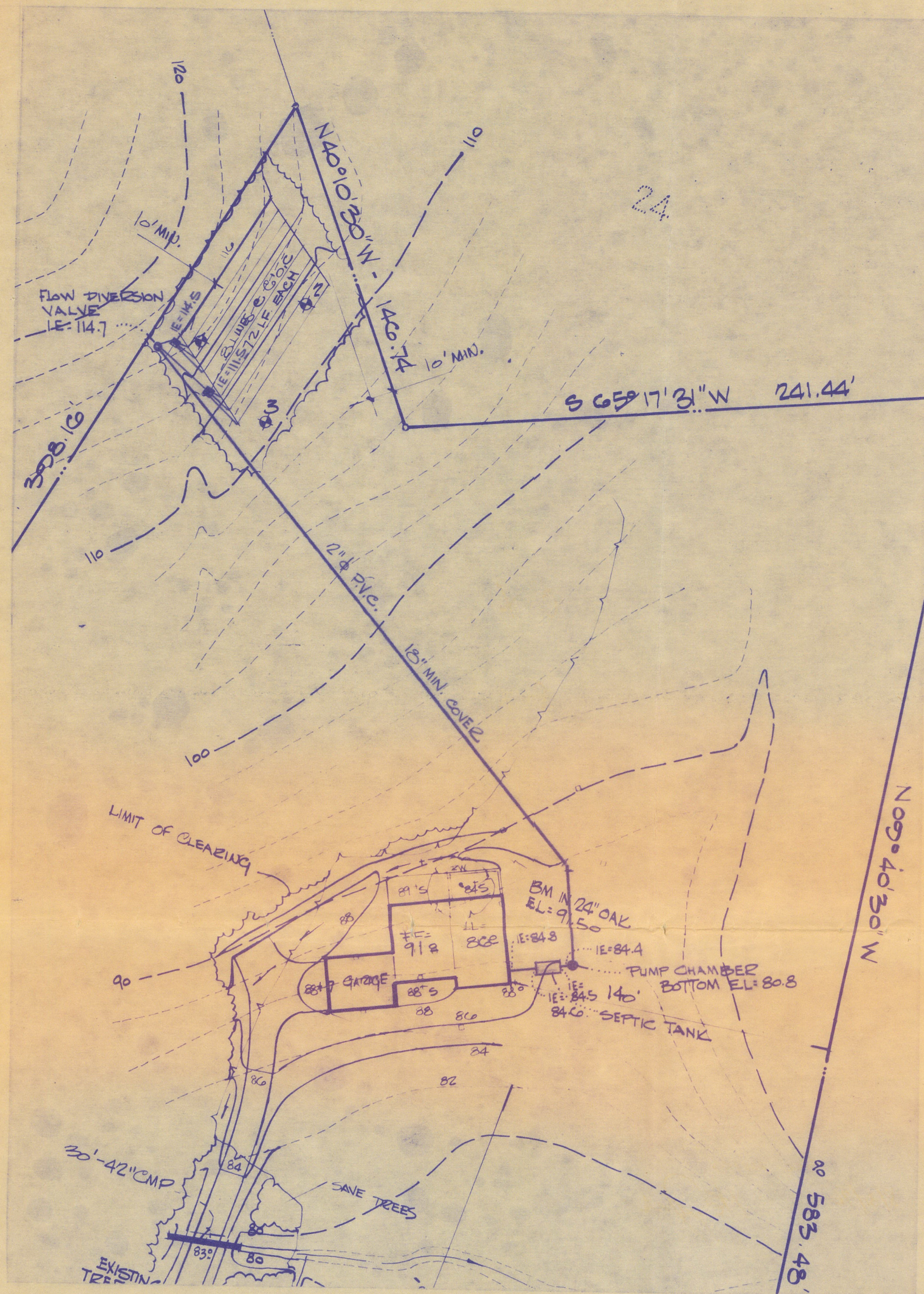


UNDERGROUND TECHNOLOGY DEVELOPMENT CORP. Engineering, Mining And Const. Services			
SCALE: As Noted	APPROVED BY:	DRAWN BY:	
DATE: 5/20/77		REVISED:	
THE DOOSA HOUSE			
SITE PLAN		DRAWING NUMBER	

RECEIVED
JAN 10 1964
FBI - NEW YORK



UNIVERSITY MICROFILMS INTERNATIONAL	
SERIALS ACQUISITION	
DATE	1964 JAN 10
TIME	10 10
BY	
FOR	
FROM	
REMARKS	



PLAN
SCALE: 1" = 50'

HYDRAULIC DESIGN DATA

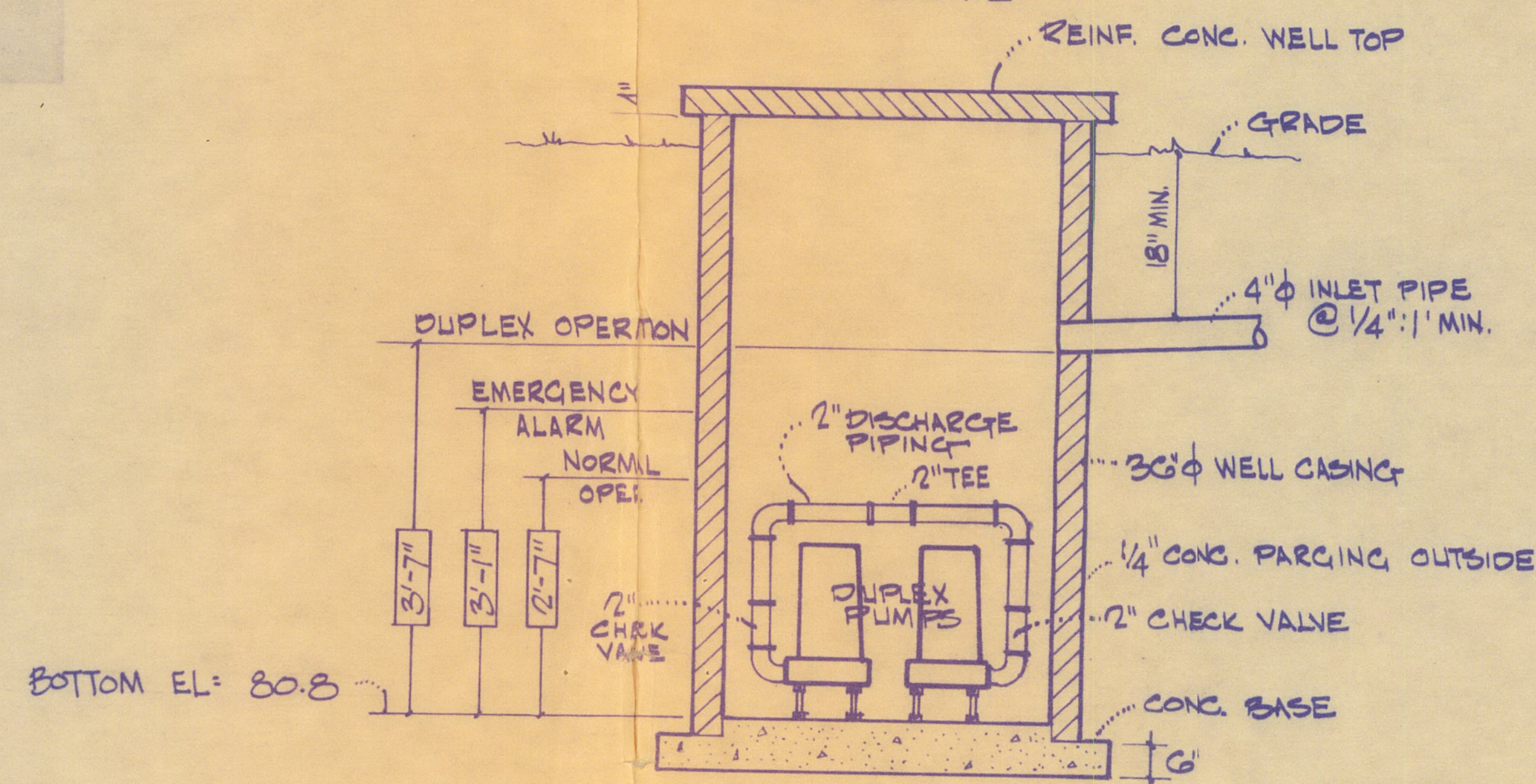
FLOW: 25 GPM THRU 12" ϕ PVC PIPE
LENGTH OF LINE: 370 L.F.
C 250 @ 9 L.F. EA = 54 EQUIVALENT L.F.
TOTAL EFFECTIVE LENGTH OF LINE = 424 L.F.
DYNAMIC HEAD LOSS = 4.24 (1.27) = 5.38 FT.
STATIC HEAD: 114.7 - 80.8 = 33.9 FT.
TOTAL HEAD: 33.9 + 5.38 = 39.28 FT.
CAPACITY HYDRO-MATIC SP. 50AH @ 39 FT OF HEAD: 25 GPM.

NOTE: THIS FIRM DOES NOT CERTIFY AS TO THE EXISTENCE OR LOCATION OF ANY UNDERGROUND UTILITIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR ALL EXISTING UTILITY CROSSINGS PRIOR TO CONSTRUCTION

HEALTH DEPARTMENT NOTES

1. Install 90° elbows on distributions box inlets.
2. Pumps and alarms are to be connected to separate electrical circuits.
3. All electrical connections are to be inspected by the county Electrical Inspector.
4. No pressure type switches will be approved.
5. Pump chamber casing is to extend 12 inches above finished grade.

PUMP CHAMBER NO SCALE



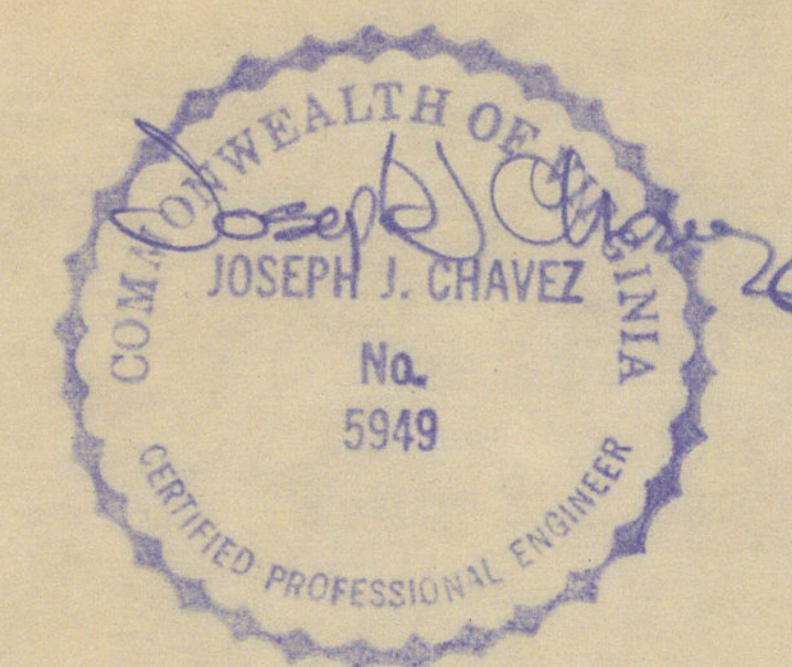
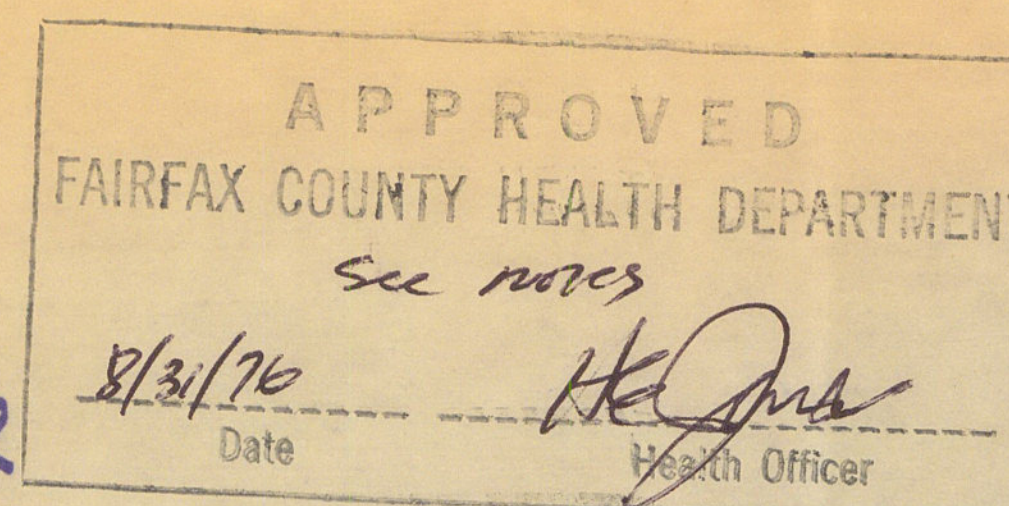
THE NORMAL TURN-ON DEPTH IS 2'-7"
THIS DEPTH PROVIDES A VOLUME OF 15 FT.³
WHICH IS 9/10 THE VOLUME OF THE DRAINFIELD

NOTES & SPECIFICATIONS

1. ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE CURRENT FAIRFAX COUNTY SANITARY INSPECTION ORDINANCE.
2. USE DUPLEX HYDRO-MATIC SP. 50AH SUBMERSIBLE PUMPS.
3. USE MERCURY FLOAT SWITCHES OR PRESSURE SWITCHES FOR CONTROL OF OPERATION.
4. PROVIDE HIGH WATER EMERGENCY ALARM IN HOUSE (ALARM MAY BE DOORBELL)
5. PROVIDE DUPLEX SEWAGE PUMP ALTERNATOR TO PROVIDE THE FOLLOWING OPERATION:

DESCRIPTION OF OPERATION:

- A. SINGLE PUMP OPERATION LEVEL: WHEN EFFLUENT REACHES THIS LEVEL EACH PUMP SHALL OPERATE ALTERNATELY TO DISCHARGE EFFLUENT FROM CHAMBER.
- ~~C~~ B. DUPLEX OPERATION LEVEL - IF WATER IN CHAMBER REACHES THIS LEVEL BOTH PUMPS SHALL OPERATE SIMULTANEOUSLY.
- ~~B~~ C. EMERGENCY ALARM LEVEL - AT THIS LEVEL AN ALARM WILL SOUND IN HOUSE TO WARN OCCUPANTS OF PUMP FAILURE.
6. ALL ELECTRICAL CONNECTIONS AND CONTROLS INSIDE OF CHAMBER SHALL BE OF WATERPROOF AND CONDENSATION PROOF CONSTRUCTION.
7. NORMAL DISCHARGE PER CYCLE - 112 GALLONS
8. DISCHARGE PIPE TO BE PVC - SCHEDULE 40 OR APPROVED EQUAL



SEWAGE TREATMENT PLAN

LOT 22.A

CLOVERLEAF FARM ESTATES

FAIRFAX COUNTY, VIRGINIA
AUGUST 26, 1976 SCALE: AS SHOWN

BARTLETT & CHAVEZ, INC., P.C.
ENGINEERING - SURVEYING - LAND PLANNING
FAIRFAX, VIRGINIA PHONE: 273-6632